FAX TRANSMISSION

DATE:

March 29, 2006

PTO IDENTIFIER:

Application Number

10/605,699-Conf. #2698

Patent Number

Inventor:

Kiran V. Chatty et al.

MESSAGE TO:

US Patent and Trademark Office

FAX NUMBER;

(571) 273-8300

FROM:

CONNOLLY BOVE LODGE & HUTZ LLP

Myron Keith Wyche

PHONE:

(202) 331-7111

Attorney Dkt. #:

21806-00156-US

PAGES (Including Cover Sheet):

CONTENTS:

One Month Request for Extension of Time Under 37 CFR 1.136(a) (2 pages)

Request for Reconsideration

Charge \$120.00 to deposit account 22-0185 (1 mo. EOT)

Certificate of Transmission (1 page)

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (202) 331-7111 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

CONNOLLY BOVE LODGE & HUTZ LLP

1990 M Street, N.W., Suite 800, Washington, DC 20036 Telephone: (202) 331-7111 Facsimile:

AFGLIVED CENTRAL PAX CENTER

MAR 2 9 2006'

PTO/SB/97 (09-04)

Approved for use through 07/31/2008, OMB 0851-0031

U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Application No. (if known): 10/605,699

Attorney Docket No.: 21806-00156-US

Certificate of Transmission under 37 CFR 1.8

hereby certify that this correspondence i	s being facsimile transmitted to the United
States Patent and Trademark Office.	

ON	March 29, 2006
	Date

Signature Deborah A. Beach Typed or printed name of person signing Certificate	
Deborah A. Beach Typed or printed name of person signing Certificate	
Typed or printed name of person signing Certificate	
Registration Number, if applicable Telephor	ne Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

One Month Request for Extension of Time Under 37 CFR 1.136(a) (2 pages)

Request for Reconsideration

Charge \$120.00 to deposit account 22-0185 (1 mo. EOT)